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Bib Data Sheet

CONFIRMATION NO. 3920

SERIAL NUMBER 10/071,361	FILING DATE 02/08/2002 RULE	CLASS 141	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 7175-69092
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APPLICANTS

Dennis J. Gallant, Harrison, OH;

** CONTINUING DATA *****

This application is a CIP of 09/298,257 04/22/1999 PAT 6,405,491
 and claims benefit of 60/293,949 05/25/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/28/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 11	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
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Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS
 23643
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TITLE
 Modular patient room

FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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